

PERMIT NUMBER_

Ę.	Issued in Ohio Under Authority of Hicpmitp Eqwpv(
ocatio	Auditors Taxing District		Parcel Number			
Property Location	Address of Property					
Proj	Subdivision	I	Lot			
Applicant	Applicants Name		Phone	Number	(000) 000-0000	
	Email Address		Fax Number		(000) 000-0000	
	Owner's Name		Phone	Number	(000) 000-0000	
	Address					
	Designer's Name		Phone Number		(000) 000-0000	
	Address					
	Builder's Name		Phone Number		(000) 000-0000	
	Address					
	Builder's ID					
Property Information	Type of Improvement Addition			Improveme	nt Cost	
	Number of Bedrooms I	Heating Fuel	Select One Number of Gas Appliances			
	Number of Baths	Sewage Disposal		er Unit arage Type	Select One	
		Water Supply		umber Car Gara		
	Building					
	Unfinished Basement Lot Area Track Of the Control					
	Finished Basement Lower Level		Total % Occupied by Structure Front Setback			
	1st Floor		Rear Setback			
	2nd Floor		Right Setback			
	3rd Floor Other	Left Setback Lot Width at Building Line				
	Garage					
	Deck/Screened In Porch		Zoning District			
	Gross Square Feet Building Area at Ground Level		Existing Use of	Property		
	Living Area		Flood Plain		☐ YES ☐ NO	
Notes						
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c	Excavator License Number			Fee Schedule		
natio	Plumbing License Number			Initial		
nfor	Electric License Number			Occupancy		
ctor I	HVAC License Number			Footage		
Contractor Information	Fireplace License Number			Zoning		
	** This section only to be filled out if required by Jurisdiction. Alt/Addtn.					
Applicant Signature	The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the Plan Exam				Plan Exam	
	State of Ohio and the ordinances of this jurisdiction, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and				Gas Piping	
pplio gna	specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.				Other	
Si.	G' (CA 1)				Total	
	Date Received	Date Received		Date Re	eceived	
Use	Date Approved	Date Approved		Date A	pproved	
Office Use	11	D and rippio roa				
Ö						
	Zoning Official	Plans Examiner			Issuing Authority	